FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089036 (2)

131-139 PALMETTO CORP.

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



Principal Place	O Dusiness	Mailing Address									
119 E. PALME	TTO PARK ROAD	119 E. PALMETTO PARK ROAD									
BOÇA RATON FL 33432		BOCA RATON FL 33432				DO NOT WRIT	E INI TUIO G	DACE			
						<u> </u>		E III INIO	PACE		-
						3.	. Date Incorporated or Qualified				
							10/15/1997				
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number				lied For
21		26					65-0786900)		Not	Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.				Continues of Status Desired		\$8.	75 A	ditional	
22		27			ь.	. Certificate of Status Desired	Ļ	Fe	e Req	ulred	
City & State)	City & State				6.	Election Campaign Financing		\$5	.00 k	fay Be
23		28	28			"	Trust Fund Contribution			ded to	
Zip	Country Zip			Country				aid the cur	•		
24 ,				8. This corporation owes or has paid the current year Integrable Personal Property Tax due June 30. Yes No						1	
25 29 29 Name and Address of Current Registered Agent			30				D. Name and Address of New Registered Agent				
		IN Habitatan Manit		81	Nam		. Hallo and Address of the li	-9.5.0.04	190		
	O SHE IM, GEORGE B			۱۰۰۱	Maili	16					
119 E. PALMETTO PARK ROAD				82	Stree	et Address (F	P.O. Box Number is Not Accepte	ıble)			
BOCA RATON FL 33432											
				83							
					0.1				Test	žin O	
				84	City			FL	85	Zip C	ode
11 Pursuant t	o the provisions of Sections 607.05	02 and 607 1508 Florida State	utes the a	hove	-name	ed corporatio	on submits this statement for the	nurnose of	chang	ino its	registered
office or re	egistered agent, or both, in the Staten familiar with, and accept the oblig	o of Florida. Such change was	authorize	d by	the co	orporation's l	board of directors. I hereby acce	pt the app	ointmei	nt as re	egistered
agent. I ar	n familiar with, and accept the obli	gations of, Section 607.0505, F	-londa Stat	lules	•						
SIGNATURE .											
<u> </u>	Signature, typed or printed name of registered a	·		d Ager	nt signate	ture required wher		DATE	DIDEC	37000	111.40
12,		ND DIRECTORS	13.	T. F			ADDITIONS/CHANGES TO OFF	ICEMS AINL	Cha		Addition
TITLE	PD	☐ DELETE							L. UK	a i ye	☐ YOUNGOID
NAME	aletto, alfred		1.2 NAM								
STREET ADDRESS	6401 POND APPLE ROAD 1.3			TREET.	ADDRESS	is					
CITY-ST-ZIP	BOCA RATON FL 33432	DN FL 33432 1.4		ITY-S1	T-ZIP	ŀ					
TITLE	STD			1 TITLE					☐ Cha	ange	☐ Addition
NAME			2.2 N	2.2 NAME		1					
STREET ADDRESS	6401 POND APPLE ROAD		235	2.3 STREET ADDRESS		22					
	**************************************					~					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3.1 TITLE					☐ Cha	nne	Addition
TITLE		CJ OCCIC				-				g o	
NAME			3.2 N			.					ļ
STREET ADDRESS			3.3 \$	IREÉT.	ADDRESS	55	•				
CITY-ST-ZIP				ITY-S	T-ZIP				1 4		
TITLE		☐ DELETE	4.1 71	TLE					Cha	ange	☐ Addition
NAME			4.2 N	IAME							
STREET ADDRESS			4.3 S	TREET	ADDRESS	ss					
CITY-ST-ZIP			4.4 CI	ITY-\$1	T-ZIP						1
TITLE		☐ DELETE	5.1 TI						Cha	ange	☐ Addition
NAME		_	5.2 N								
					*DDDCC						
STREET ADDRESS					ADDRESS	NO					
CITY-ST-ZIP		DELLER		11Y - S1	I - ZIP		· · · · · · · · · · · · · · · · · · ·		Cha	2000	Addition
TITLE		☐ DELETE	6.1 Ti							m y e	LT ADDITION
NAME			6.2 N	AME							
STREET ADDRESS			6.3 \$	TREET	ADDRESS	ss					
CITY-ST-ZIP			6.4 C	ITY-SI	T- Z IP						
3111		with this filing slope and supplied	for the ev	amal	ion etc	atod in Socti	on 119.07(3)(i), Florida Statutes.	I further ce	rtify the	at the i	nformation

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on in attaching highly an address.

-16.0 Alata 4/30/08 54-235